

# Annual Statistical Report Adult Civil Commitment Proceedings in Virginia FY 2015

University of Virginia Institute of Law, Psychiatry and Public Policy

*AA Allen, JK Bonnie*

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## Introduction

Informed oversight of the civil commitment process requires accurate data regarding the number, distribution and characteristics of Emergency Custody Orders (ECOs), Temporary Detention Orders (TDOs), commitment hearings and judicial dispositions. Under the auspices of the Commission on Mental Health Law Reform (2006-2011), the courts and mental health agencies collaborated to collect data needed for monitoring and informing policy. Annual statistical reports were published by the Commission through fiscal year 2011 (FY 2011). Upon expiration of the Commission, this responsibility was assumed by the Institute of Law, Psychiatry and Public Policy at the University of Virginia (hereafter the Institute), under contract with the Department of Behavioral Health and Developmental Services of the Commonwealth of Virginia, based on data provided by the Department of Behavioral Health and Developmental Services through an agreement with the Office of the Executive Secretary of the Supreme Court of Virginia. In this report, the Institute presents data for FY 2008 through FY 2015 regarding the numbers of ECOs, TDOs, commitment hearings and commitment orders pertaining to adults and, to the extent possible, assesses whether commitment practices have changed over time. It also includes data pertaining to judicial orders authorizing transportation of adults involved in commitment proceedings.

## Sources of Data

Court clerks at General District Courts maintain records of civil commitment cases concerning adults using the Case Management System (CMS)<sup>1</sup>. The CMS system is maintained by the Office of the Executive Secretary of the Supreme Court and used by each District Court to enter and track its cases. Data related to civil commitment hearings, ECOs, and TDOs in each district are entered into that district court's CMS by individual court clerks throughout the Commonwealth.

The eMagistrate System is used by magistrates in all thirty-two judicial districts to issue arrest processes, bail processes, and other orders including ECOs and TDOs. Each time an ECO or TDO is issued, it is entered into the eMagistrate System. ECOs and TDOs are counted in the eMagistrate System regardless of whether the order is executed.

## Emergency Custody Orders

The best available source of data regarding issued ECOs is the eMagistrate System. Data on ECOs issued for adults are available for FY 2008 through FY 2015. According to data extracted from the eMagistrate System, 7,215 ECOs were issued for adults in FY 2015. This is a 12.1% increase over the 6,348 ECOs that were issued for adults in FY 2014, and a 20.3% increase over the 6,000 ECOs that were issued for adults in FY 2013 (Figure 1). The number of issued ECOs for adults decreased each year from FY 2009, when 6,835 were issued, to FY 2012, reaching a low point in FY 2012 and then increasing markedly in FY 2014 and FY 2015 (Figure 1). The volume of ECOs issued began to rise markedly in the fourth quarter of FY14, and have not decreased since that time. ECO counts for each fiscal quarter of FY15 were the highest on record (Figure 2-3).

According to data from the eMagistrate System, there were about 600 ECOs issued for adults per month during FY15 (See Table 1 and Figure 4). The number of ECOs issued per month follows a roughly seasonal pattern. In general, more ECOs are issued during the late spring and summer months of May-August. The fewest ECOs are issued in February, with only 482 ECOs issued in 2015, for example. Although February typically has a lower volume for ECOs and other civil commitment processes, an especially low volume of all processes related to civil commitment was reported for February, 2015.

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<sup>1</sup>Note that a small percentage (0.16%) of CMS cases were excluded from this report due to questions about coding; examples include cases for which the hearing date is incorrect by more than several months, the case number is incorrect and may represent a duplicate, and cases for which a disposition code has been mistyped and cannot be accurately interpreted. These cases are under review and will be added to the sample once they have been resolved. Cases that cannot be resolved will not be included in future reports.

Figure 1: Annual Frequency of ECOs Issued for Adults, FY08–FY15

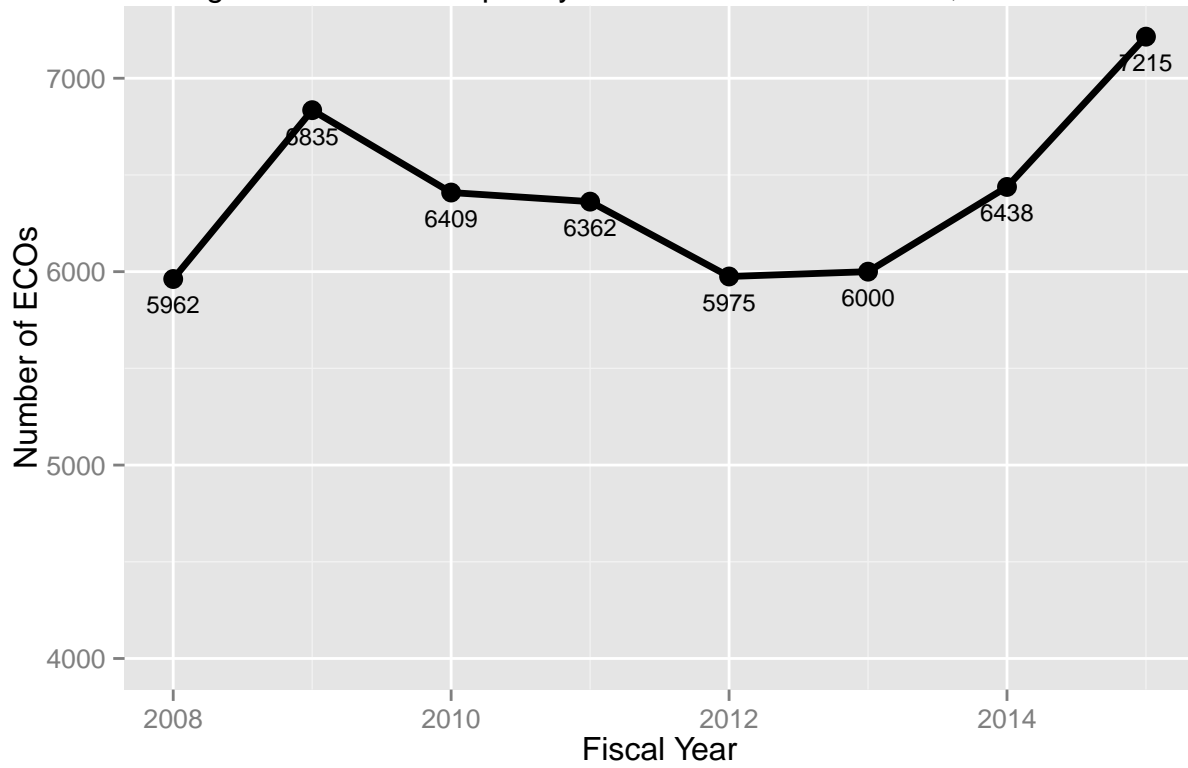


Figure 2: Quarterly Frequency of ECOs Issued for Adults by Year, FY08–FY15

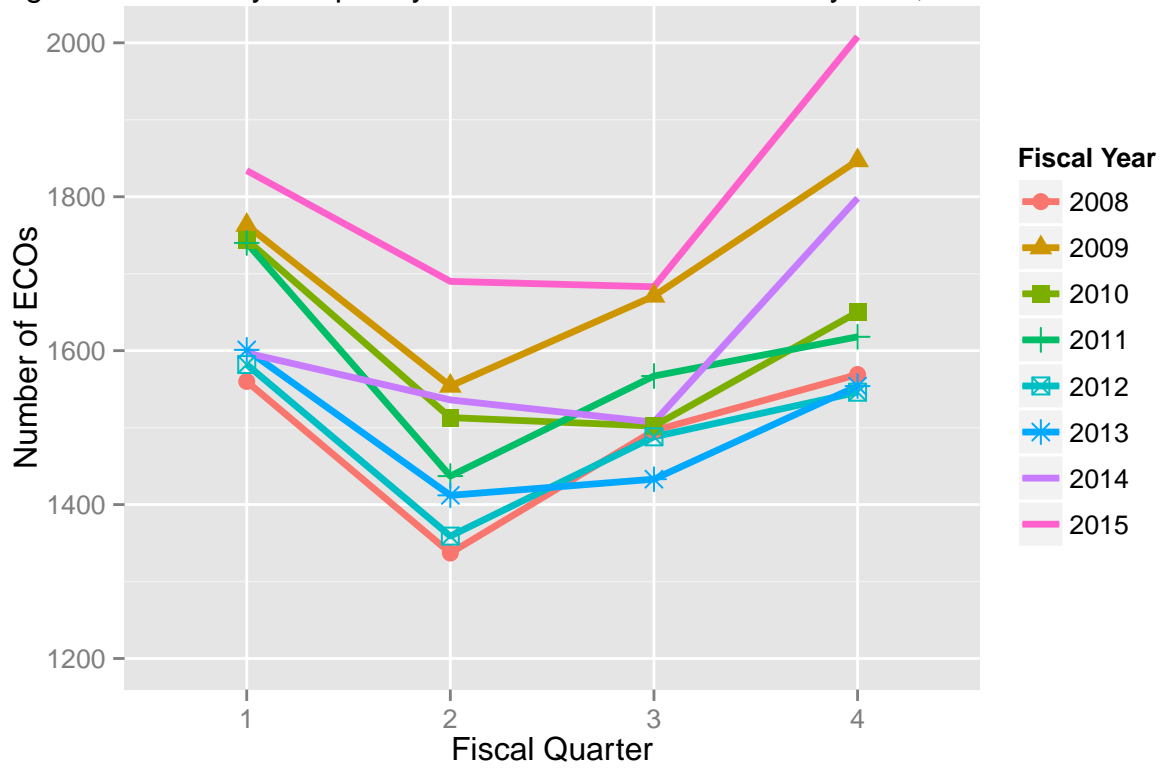


Figure 3: Quarterly ECO Trends for Adults, FY08–FY15

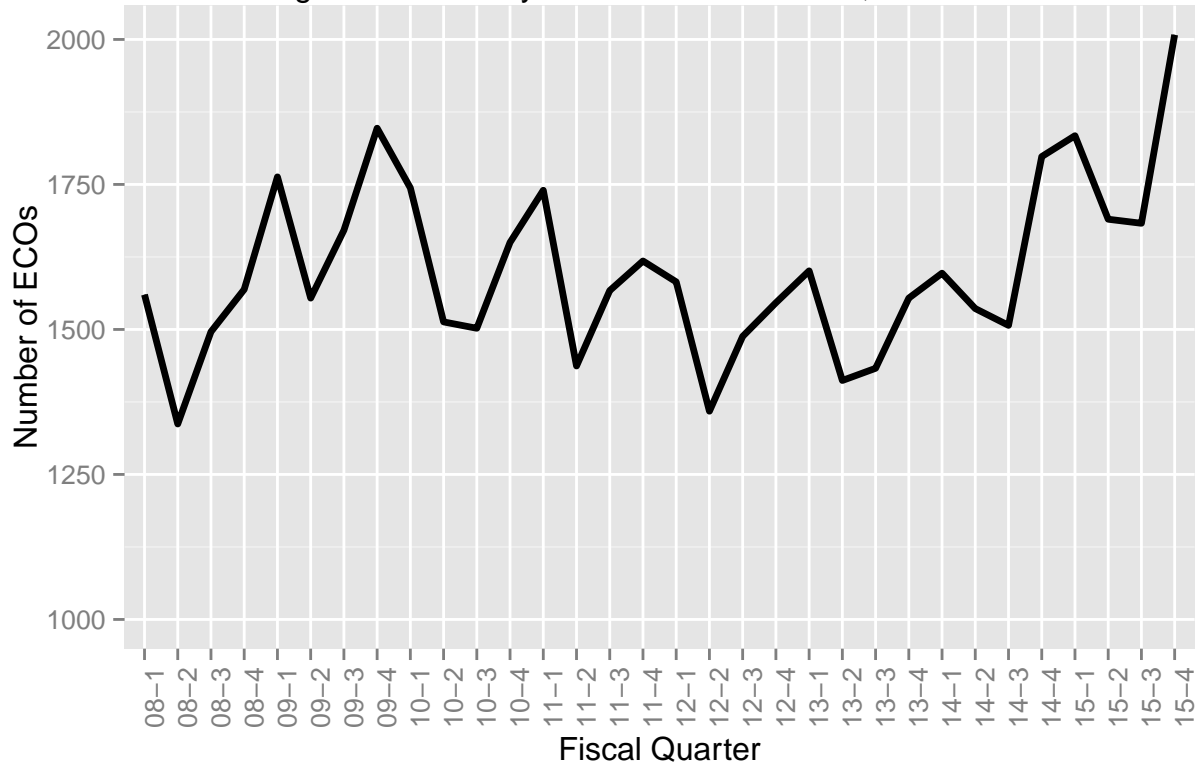
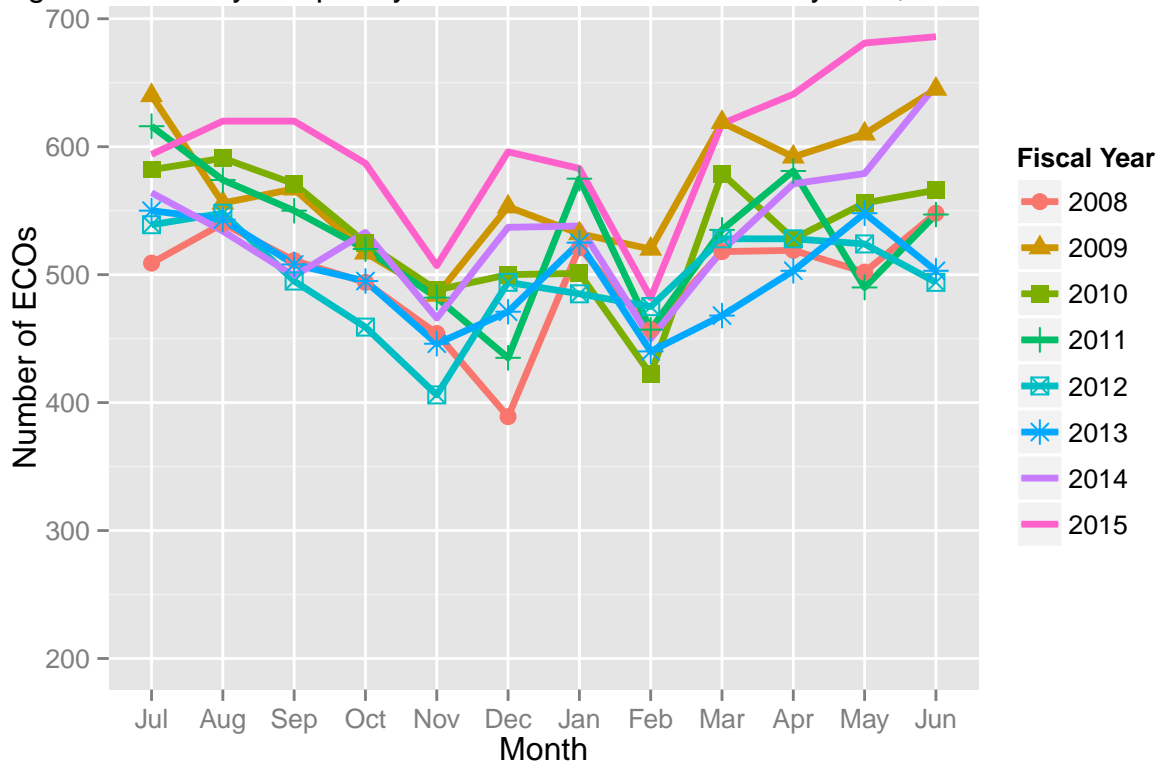


Table 1: Monthly Frequency of ECOs Issued for Adults, FY08-FY15

Month	2008	2009	2010	2011	2012	2013	2014	2015
Jul	509	640	582	616	539	550	564	594
Aug	540	556	591	574	548	543	534	620
Sep	511	567	571	550	495	508	499	620
Oct	494	517	525	520	459	495	533	587
Nov	454	484	488	482	406	446	466	507
Dec	389	553	500	435	494	471	537	596
Jan	521	532	501	575	485	525	538	583
Feb	457	520	422	457	475	440	450	482
Mar	518	619	579	535	528	468	519	618
Apr	519	592	528	581	528	503	571	641
May	502	610	556	490	524	548	579	681
Jun	548	645	566	547	494	503	648	686
Total	5962	6835	6409	6362	5975	6000	6438	7215

Figure 4: Monthly Frequency of ECOs Issued for Adults by Year, FY08–FY15



When people are taken directly into custody by law enforcement officers acting without a court order (ECO) and brought to a mental health facility based on the officer’s own observations, no formal court order is issued, executed or filed. The number of instances of emergency custody assumed by law enforcement officers without an order (“orderless emergency custody”) is not formally tracked and must be estimated. In the Institute’s April 2013 study<sup>2</sup> of emergency evaluations conducted by CSBs, 27.9% of the individuals evaluated that month were accompanied by police at the time of the evaluation, and only 32.2% of in-custody individuals were being held under a magistrate-issued ECO. CSB evaluators indicated that 55.0% of individuals in police custody were under orderless emergency custody at the time of the evaluation, and 12.8% were transported by the police without an ECO, suggesting voluntary submission to evaluation. This confirms that the total number of people taken into “emergency custody” is significantly greater than the number of ECOs issued by magistrates as documented by eMagistrate.

## Temporary Detention Orders

Because every TDO issued by a magistrate pursuant to Va. Code § 37.2-809 is entered into the eMagistrate system, the eMagistrate system provides more accurate data regarding the number of TDOs issued each month than does the CMS. The CMS database records only those TDOs that law enforcement officers have attempted to serve and for which they have submitted the “return of service” copies to the district court clerks. Upon receipt of a “return of service” copy from the law enforcement officer tasked with service of process, the clerk enters the TDO into the CMS database.

<sup>2</sup>This report, titled “A Study of Face-to-Face Emergency Evaluations Conducted by Community Services Boards in April 2013”, can be found at <http://www.ilppp.virginia.edu/PublicationsAndPolicy/DownloadPDF/66>.

According to the eMagistrate System, 22,804 TDOs were issued for adults in FY 2015. This is an 8.3% increase over the 21,055 TDOs that were issued for adults in FY 2014, and a 14.2% increase over the 19,971 that were issued for adults in FY 2013 (Figure 5). TDO counts were higher than those in FY 2014 in every month except February of FY 2015 (Table 2 and Figure 8).

The greatest elevation in counts occurred in the 4th quarter of FY14 and the 1st quarter of FY15—the growth in these periods was 11.6% and 9.4%, respectively (Figure 6). Thus, as seen in Figure 5, numbers of TDOs issued for adults decreased steadily from FY10 to FY13, yet numbers of TDOs began to rise again in FY14, especially beginning in April of FY 2014 (see Figure 8). This is the same pattern reflected in the ECO data. Taken together, these findings suggest that the numbers of ECOs and TDOs increased in the wake of the November 2013 tragedy involving State Senator Creigh Deeds and his son, Gus Deeds, and the subsequent reforms that went into effect July 1, 2014.<sup>3</sup>

Another important TDO figure is how many TDOs were actually executed (served) during FY15. Although the eMagistrate system more accurately documents the number of TDOs issued, the CMS system is the only database that records whether or not the TDO was executed. The TDOs entered in the CMS system include all of those that law enforcement attempted to serve and for which they then submitted the return of service copy to the district court clerks. Based on these data, we estimate that 22,371 adult TDOs were executed during FY 2015. This estimation is based on calculating the proportion of TDOs that were executed in FY15 according to CMS data (98.1%) and multiplying this proportion by the total number of TDOs recorded by eMagistrate (22,804). Note that this estimate is imprecise, as it is based on an incomplete sample of issued TDOs. If the rate of execution among TDOs for which law enforcement did not submit the return of service copy to the clerks is lower than the rate of execution for TDOs for which they did submit the return of service copy, then 98.1% would be an overestimate of the number of TDOs executed. As long as law enforcement officers do not submit a significant portion of the return of service copies to the district courts, this figure can only be roughly estimated.

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<sup>3</sup>The Inspector General's Report on this incident can be found at <http://osig.virginia.gov/media/2562/2014-bhds-006bathcountyci.pdf>

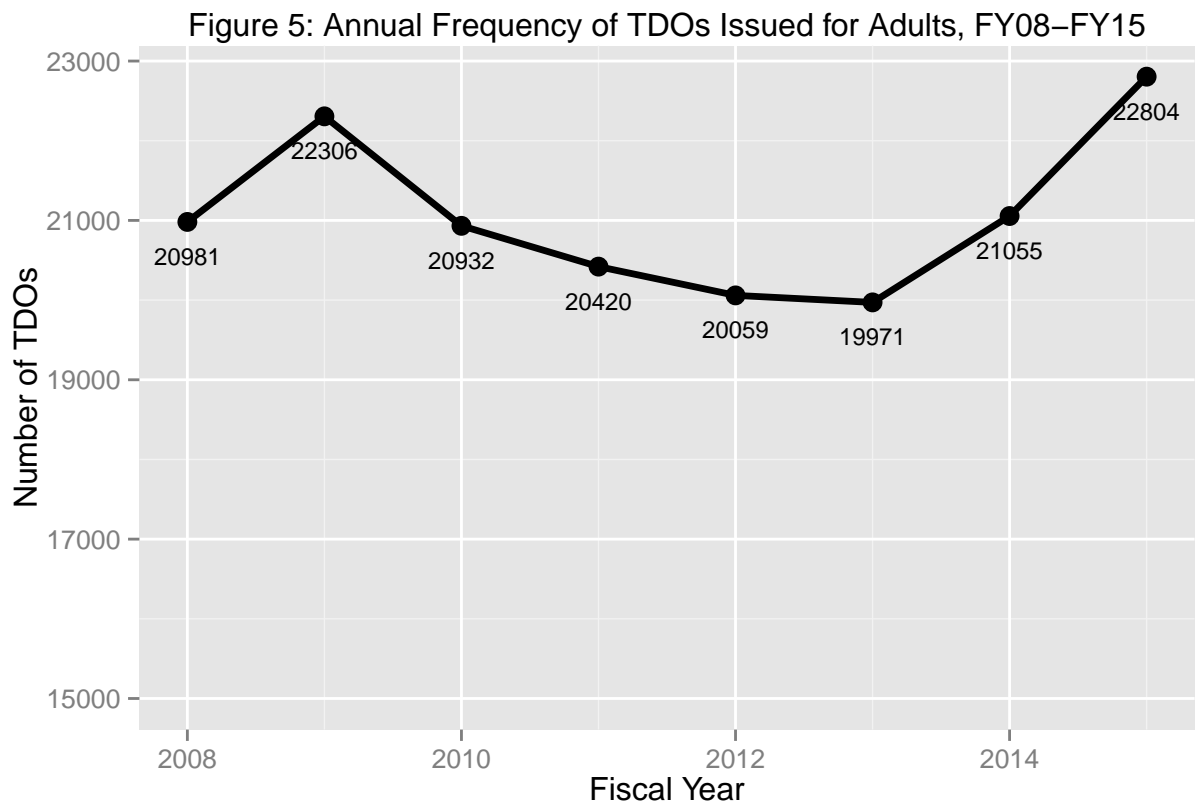




Figure 6: Quarterly Frequency of TDOs Issued for Adults by Year, FY08–FY15

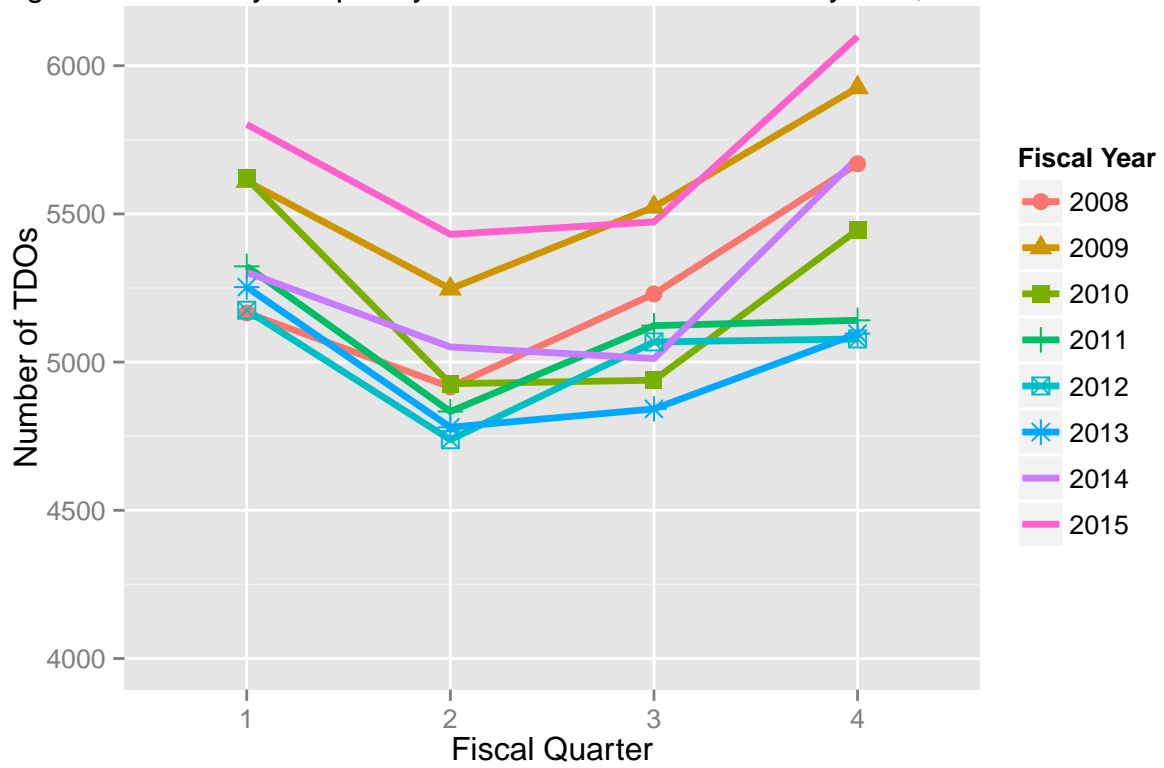


Figure 7: Quarterly TDO Trends for Adults, FY08–FY15

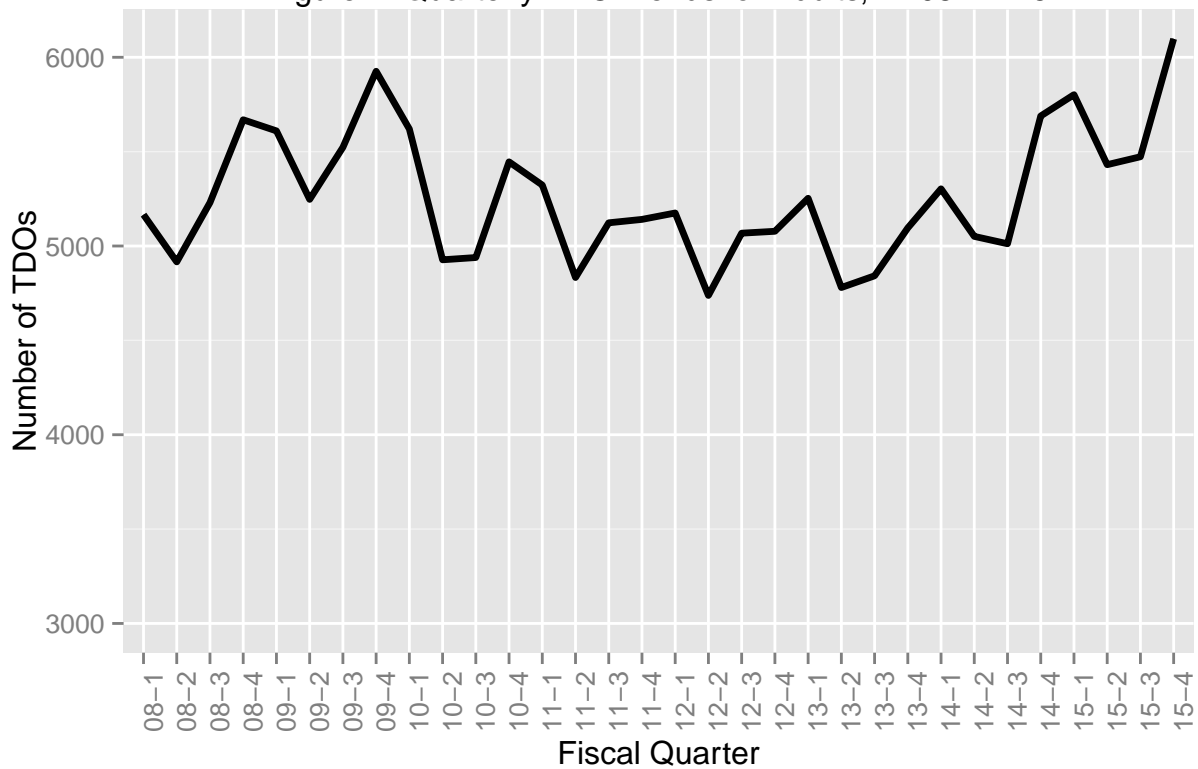
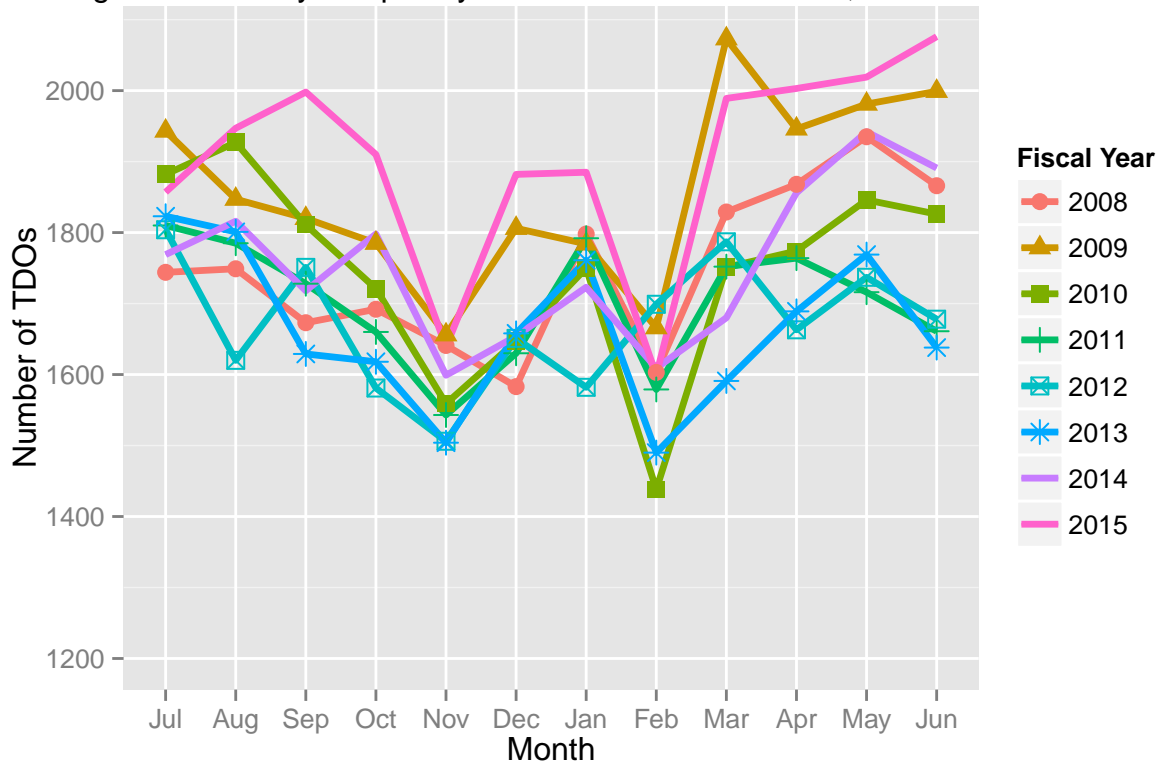


Table 2: Monthly Frequency of TDOs Issued for Adults, FY08-FY15

Month	2008	2009	2010	2011	2012	2013	2014	2015
Jul	1744	1943	1882	1810	1804	1823	1769	1857
Aug	1749	1847	1927	1785	1620	1801	1816	1947
Sep	1673	1820	1811	1728	1751	1629	1718	1998
Oct	1692	1785	1721	1660	1581	1618	1798	1910
Nov	1641	1656	1559	1543	1506	1504	1599	1639
Dec	1583	1806	1647	1630	1651	1658	1654	1882
Jan	1798	1784	1750	1792	1582	1761	1723	1885
Feb	1603	1666	1438	1579	1699	1490	1609	1599
Mar	1829	2073	1751	1752	1787	1591	1680	1989
Apr	1868	1946	1774	1764	1663	1689	1856	2003
May	1935	1981	1846	1716	1737	1769	1942	2019
Jun	1866	1999	1826	1661	1678	1638	1891	2076
Total	20981	22306	20932	20420	20059	19971	21055	22804

Figure 8: Monthly Frequency of TDOs Issued for Adults, FY08–FY15



## Initial Commitment Hearings

The best source of data on the number of initial commitment hearings and the dispositions of these hearings is the Supreme Court's CMS. There were 21,759 adult commitment hearings in FY15. This is an 3.4% increase over the 21,049 initial adult commitment hearings that were held in FY14 and a 9.8% increase of the 19,809 hearings in FY13 (Figure 9).

Figure 9: Annual Frequency of Initial Commitment Hearings  
Involving Adults, FY10–FY15

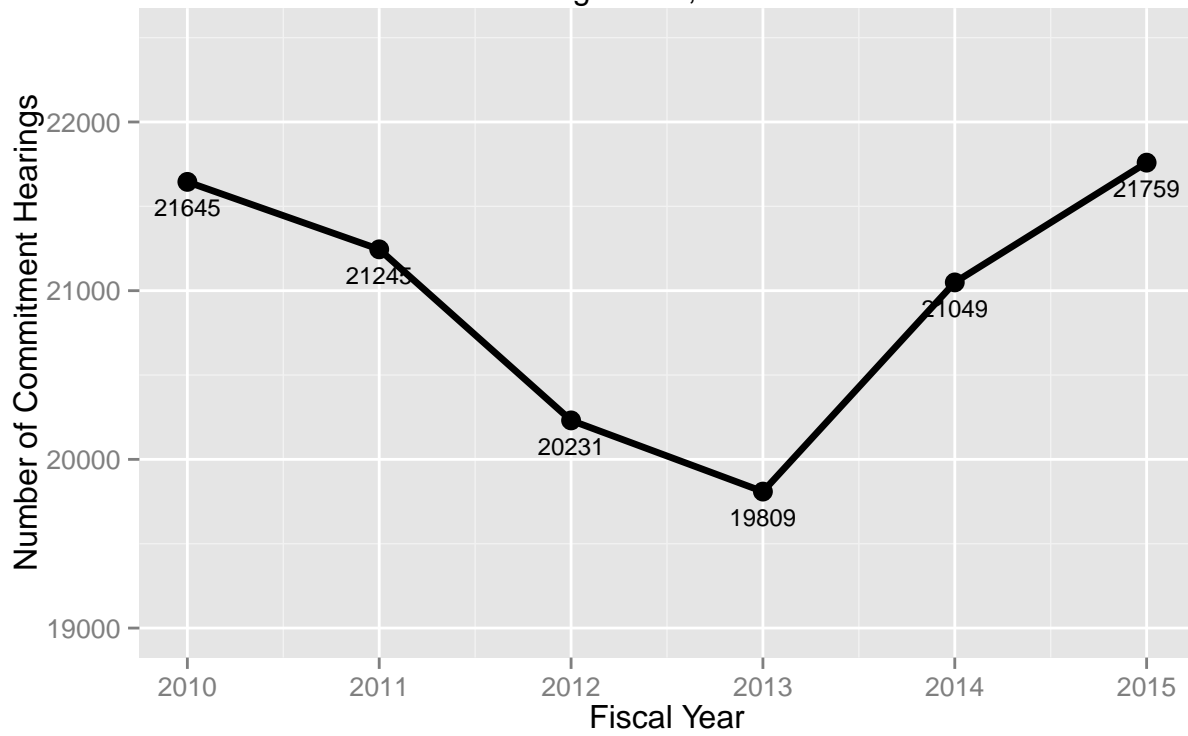


Figure 10: Quarterly Frequency of Initial Commitment Hearings  
Involving Adults by Year, FY09–FY15

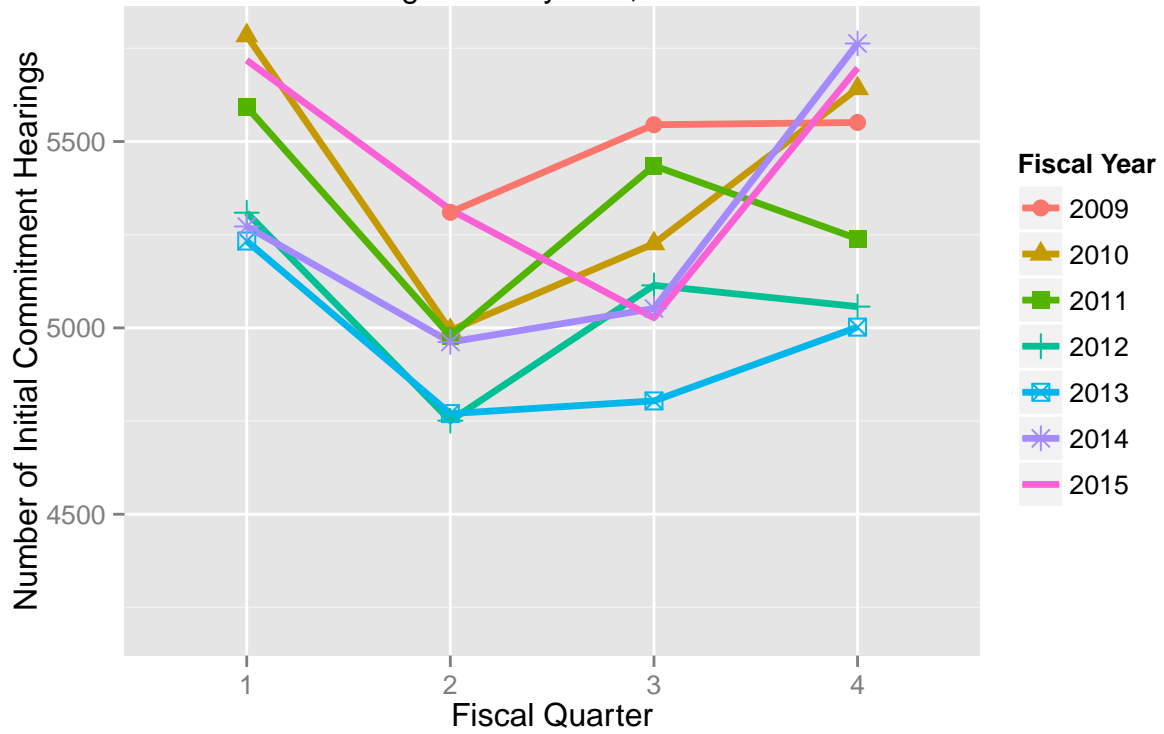


Figure 11: Quarterly Initial Commitment Hearing Trends for Adults, FY09–FY15

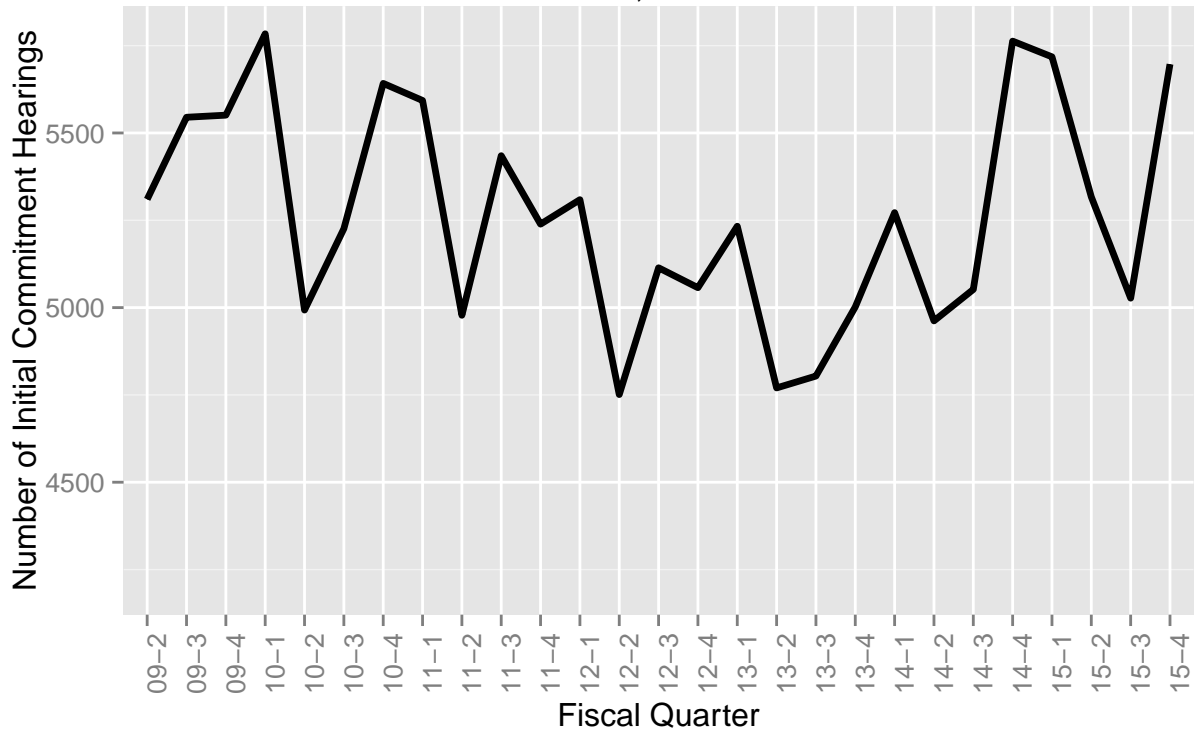
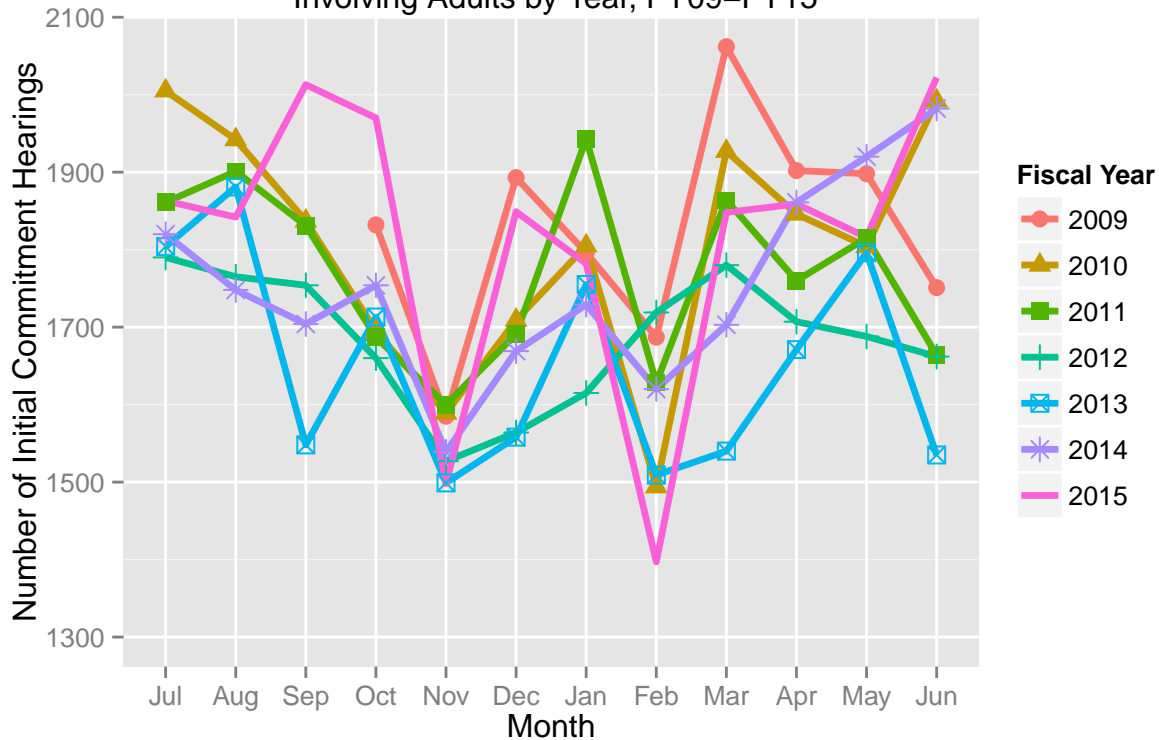


Table 3: Monthly Frequency of Initial Commitment Hearings Involving Adults, FY09-FY15

Month	2009	2010	2011	2012	2013	2014	2015
Jul	NA	2005	1861	1790	1804	1820	1863
Aug	NA	1942	1901	1765	1881	1748	1842
Sep	NA	1837	1831	1754	1548	1704	2013
Oct	1832	1695	1687	1660	1713	1754	1970
Nov	1585	1589	1600	1527	1499	1539	1498
Dec	1893	1709	1691	1564	1558	1669	1849
Jan	1796	1805	1943	1615	1755	1729	1782
Feb	1687	1494	1628	1719	1509	1620	1397
Mar	2062	1927	1864	1780	1540	1703	1848
Apr	1902	1846	1760	1707	1671	1861	1859
May	1898	1804	1815	1688	1796	1920	1816
Jun	1751	1992	1664	1662	1535	1982	2022
Total	NA	21645	21245	20231	19809	21049	21759

Figure 12: Monthly Frequency of Initial Commitment Hearings Involving Adults by Year, FY09–FY15



The CMS database also provides information on the dispositions of initial hearings held. As shown in Table 4, during FY15, 60.6% of the hearings resulted in involuntary admissions, 19.9% resulted in voluntary hospitalizations and 18.5% of the cases were dismissed. Only 1.1% of hearings resulted in mandatory outpatient treatment (MOT) orders. Compared to the data from FY14, the proportion of involuntary admissions in FY15 was slightly lower and the proportions of dismissals and orders for mandatory outpatient treatment (MOT) were slightly higher (Table 4).

When compared to the data from FY13, the proportion of involuntary admissions and voluntary admissions in FY15 were slightly lower and the proportions of dismissals and orders for mandatory outpatient treatment (MOT) were slightly higher. Note that while the proportion of hearings that resulted in involuntary commitment orders was lower in FY15 than FY13, the absolute number of involuntary commitment orders issued was higher in FY15 (see Figure 13).

Table 4: Proportions of Dispositions at Initial Commitment Hearings Involving Adults, FY10-FY15

Fiscal Year	Dismissal	Involuntary	MOT	Voluntary
2010	19.2%	57.8%	0.4%	22.6%
2011	18.1%	58.4%	0.1%	23.4%
2012	16.5%	60.8%	0.3%	22.5%
2013	15.3%	62%	0.5%	22.1%
2014	15.6%	63.6%	0.9%	19.8%
2015	18.5%	60.6%	1.1%	19.9%

Figure 13: Frequencies of Dispositions at Initial Commitment Hearings Involving Adults, FY10–FY15

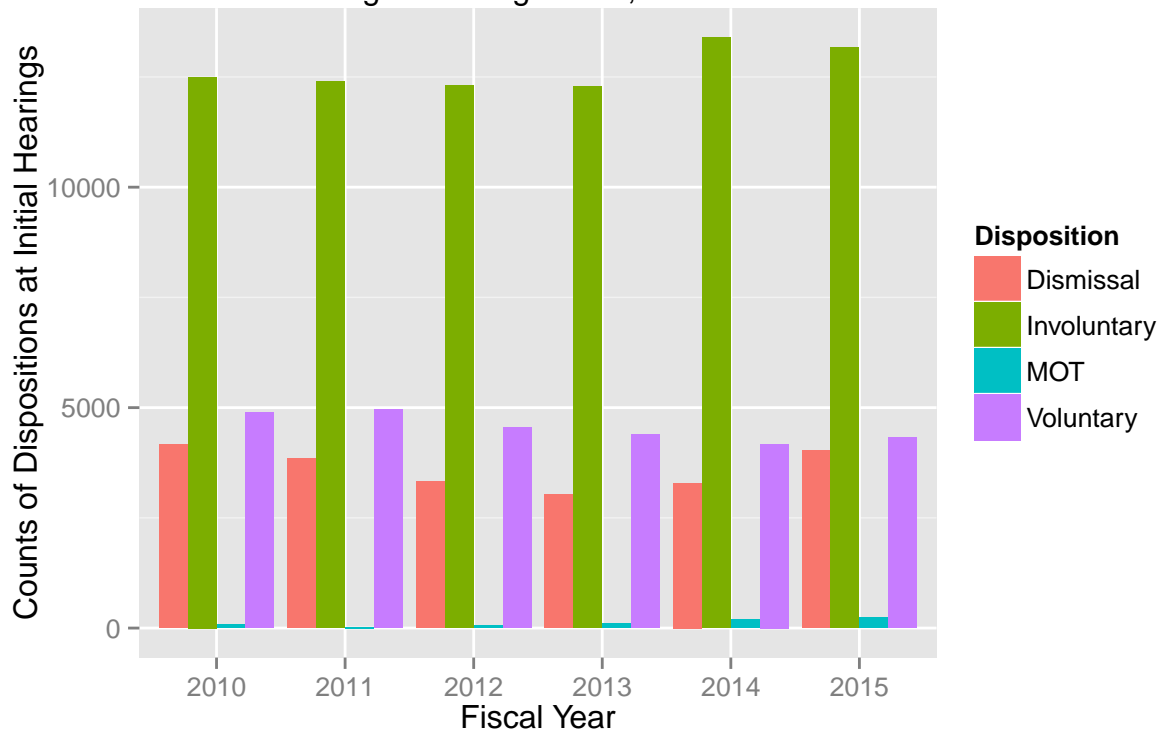
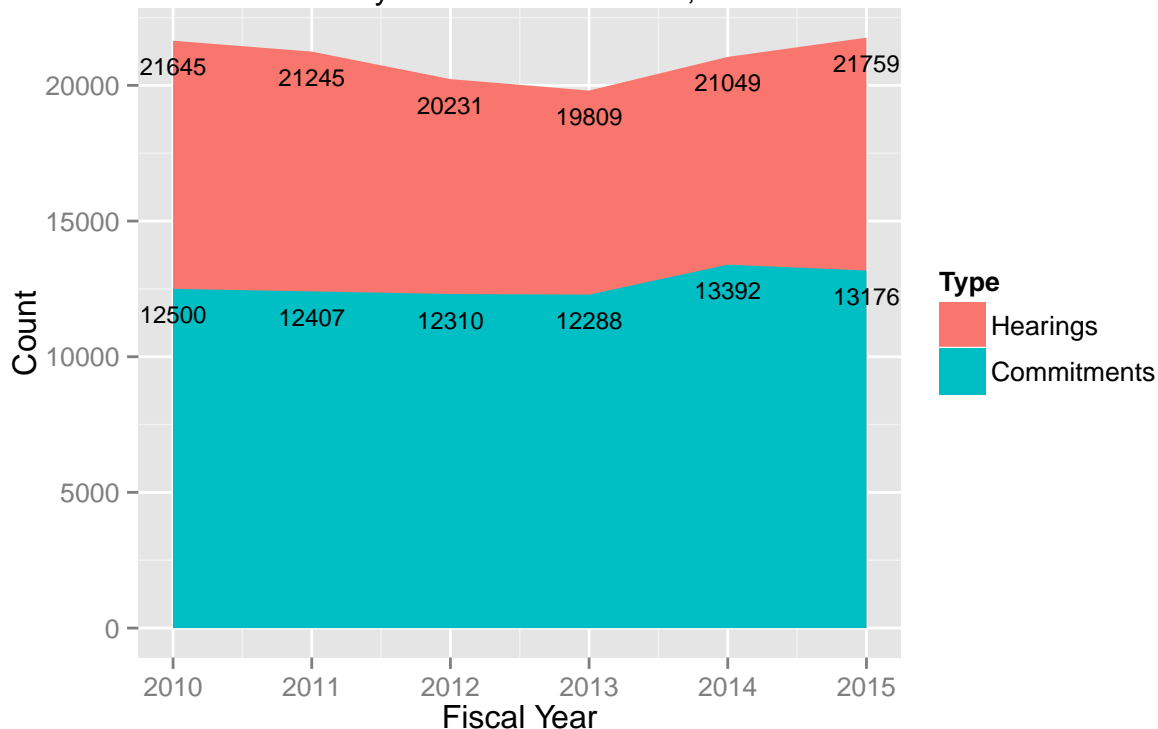




Figure 14: Annual Frequencies of Initial Commitment Hearings and Involuntary Commitment Orders, FY10–FY15



## Involuntary Commitment Orders<sup>4</sup>

As illustrated in Figure 15, the numbers of involuntary commitment orders at initial hearings decreased by approximately 1.6% from FY14 to FY15 (from 13,392 to 13,176). When compared with FY10-FY13, FY15 counts were still elevated by approximately 6.5%. Quarterly commitment order counts were higher in the first and second quarters of FY15 than in the first and second quarters of FY14. The decrease in involuntary commitment orders at initial hearings between FY14 and FY15 is largely attributable to decreases in involuntary commitment orders in the third and fourth quarter of FY15 relative to the third and fourth quarter of FY14 (see Figure 16). The lowest to-date monthly count of commitment orders occurred in February, 2015 (Figure 18), which is consistent with the lower volume of ECOs and TDOs recorded in this same time period.

Notably, while counts of involuntary commitment orders began to drop during the third and fourth quarters of FY15, the counts of ECOs and TDOs continued to increase during this time period (with the exception of the month of February).

<sup>4</sup>Note that the involuntary commitment orders presented in this section include only those orders issued at an initial commitment hearing. Commitment orders resulting from a recommitment hearing are presented in the section on recommitment hearings.

Figure 15: Annual Frequency of Involuntary Commitment Orders  
for Adults, FY10–FY15

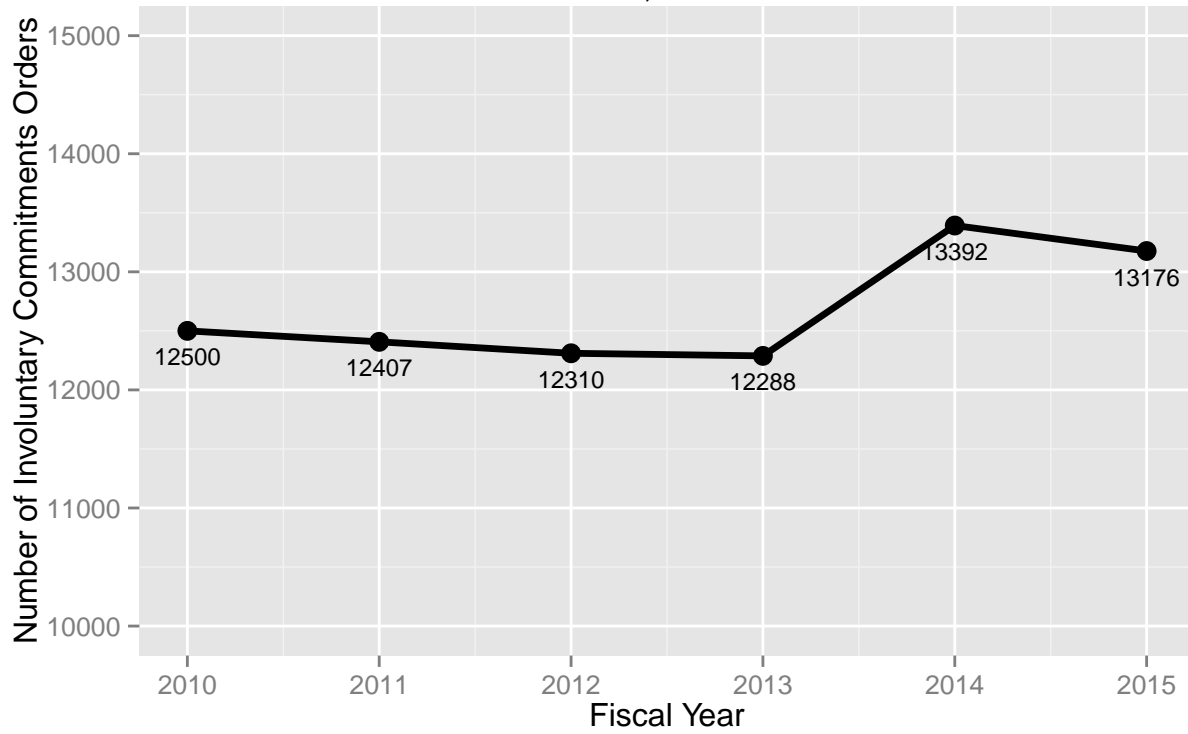


Figure 16: Quarterly Frequency of Commitment Orders Issued for Adults by Year, FY09–FY15

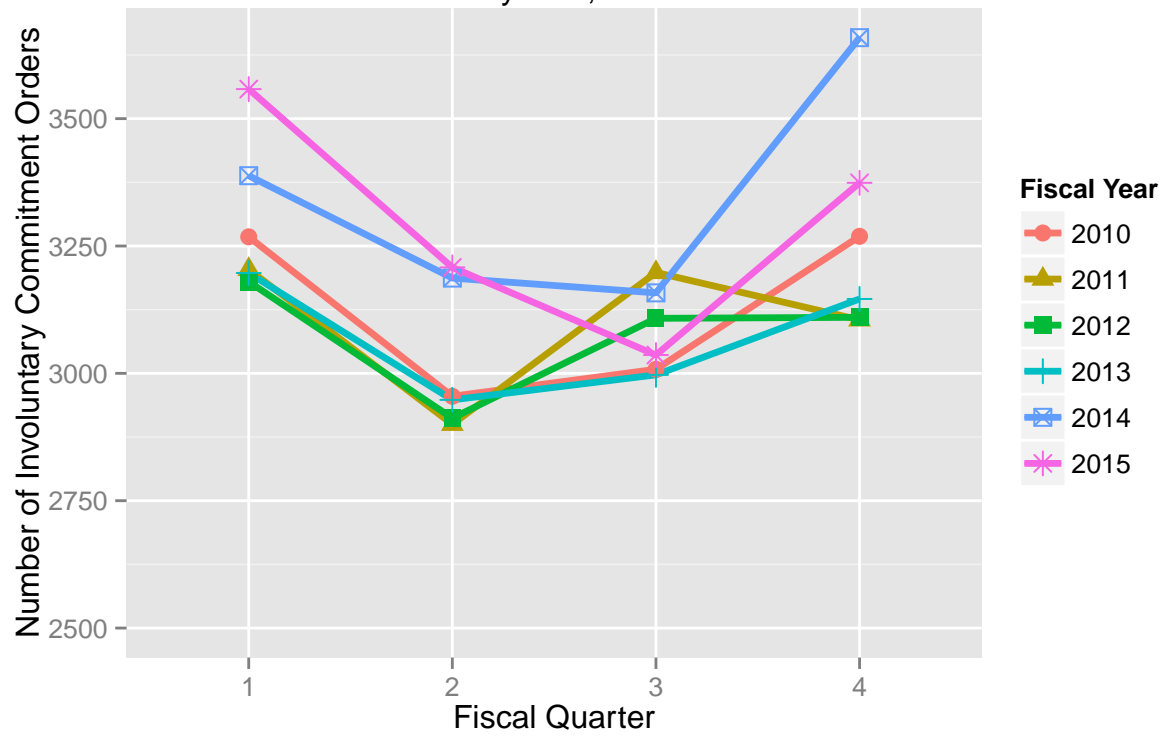


Figure 17: Quarterly Involuntary Commitment Order Trends  
for Adults, FY09–FY15

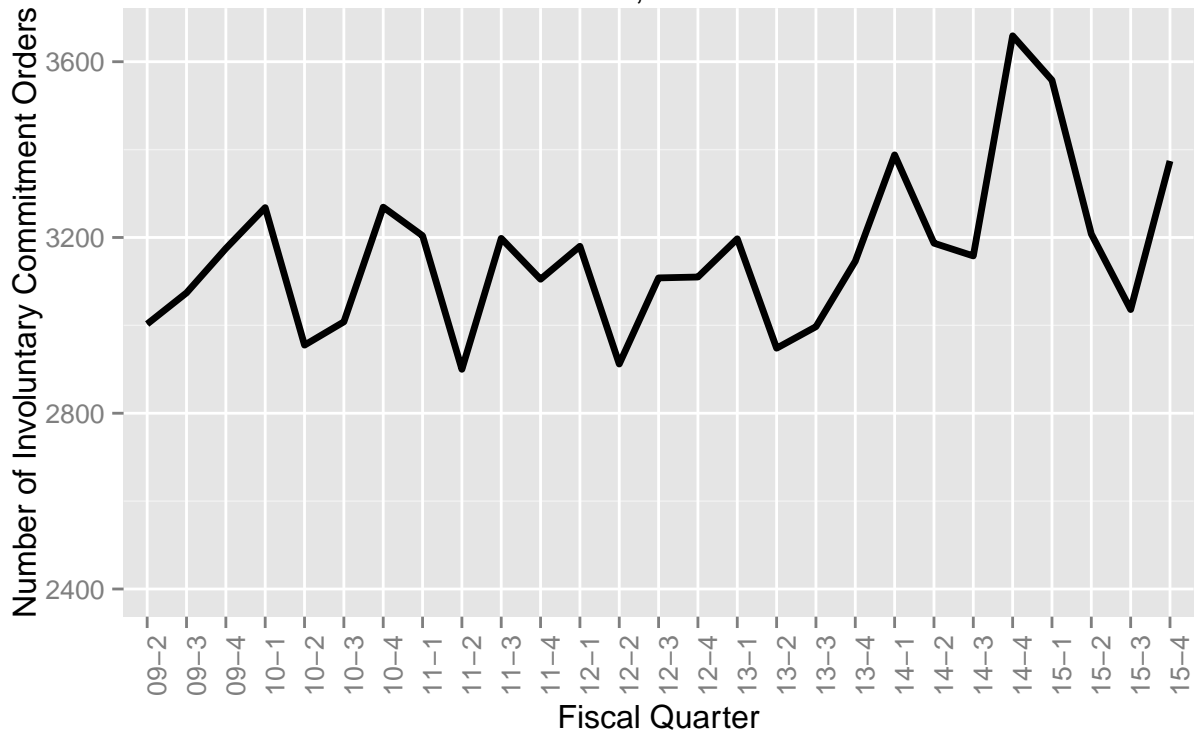
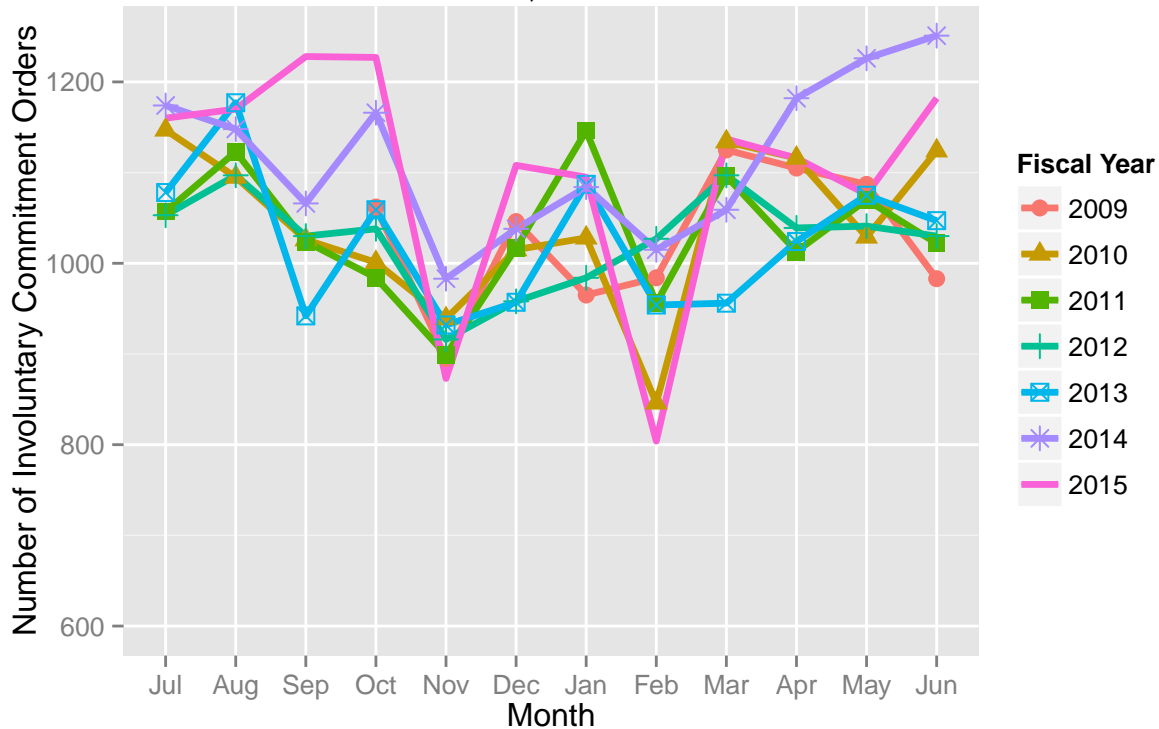


Table 5: Monthly Frequency of Commitment Orders for Adults by  
Year, FY09-FY15

Month	2009	2010	2011	2012	2013	2014	2015
Jul	NA	1147	1057	1053	1078	1174	1160
Aug	NA	1095	1123	1097	1177	1148	1170
Sep	NA	1026	1024	1030	942	1066	1228
Oct	1062	1001	984	1038	1059	1166	1227
Nov	895	939	899	916	932	983	873
Dec	1046	1015	1017	958	957	1038	1108
Jan	965	1028	1146	984	1087	1084	1095
Feb	984	846	956	1027	954	1015	804
Mar	1125	1134	1096	1097	956	1059	1137
Apr	1105	1116	1013	1039	1024	1182	1116
May	1087	1029	1070	1041	1075	1226	1076
Jun	983	1124	1022	1030	1047	1251	1182
Total	NA	12500	12407	12310	12288	13392	Total

Figure 18: Monthly Frequency of Involuntary Commitment Orders for Adults, FY09–FY15



## Recommitment Hearings

Figure 19 displays the numbers of recommitment hearings during FY10-FY15. Although there was little change in the volume of recommitment hearings between FY11 and FY13, there was a 21.3% increase in the number of recommitment hearings in FY14 and a 9.8% further increase in the number of recommitment hearings in FY15. The increase was particularly large beginning in the 4th quarter of FY14 (Figure 20). Note that while the volume of commitment orders issued as the result of initial commitment hearings began to decrease in FY15 after a peak in FY14, the volume of commitment orders issued as a result of recommitment hearings remained elevated throughout FY15.

Nearly all recommitment hearings held in FY15 resulted in continued hospitalization (97.1%), and a very large majority of cases were involuntary hospitalizations (94.5%) (Figure 21).

Figure 19: Annual Frequency of Recommitment Hearings  
Involving Adults, FY10–FY15

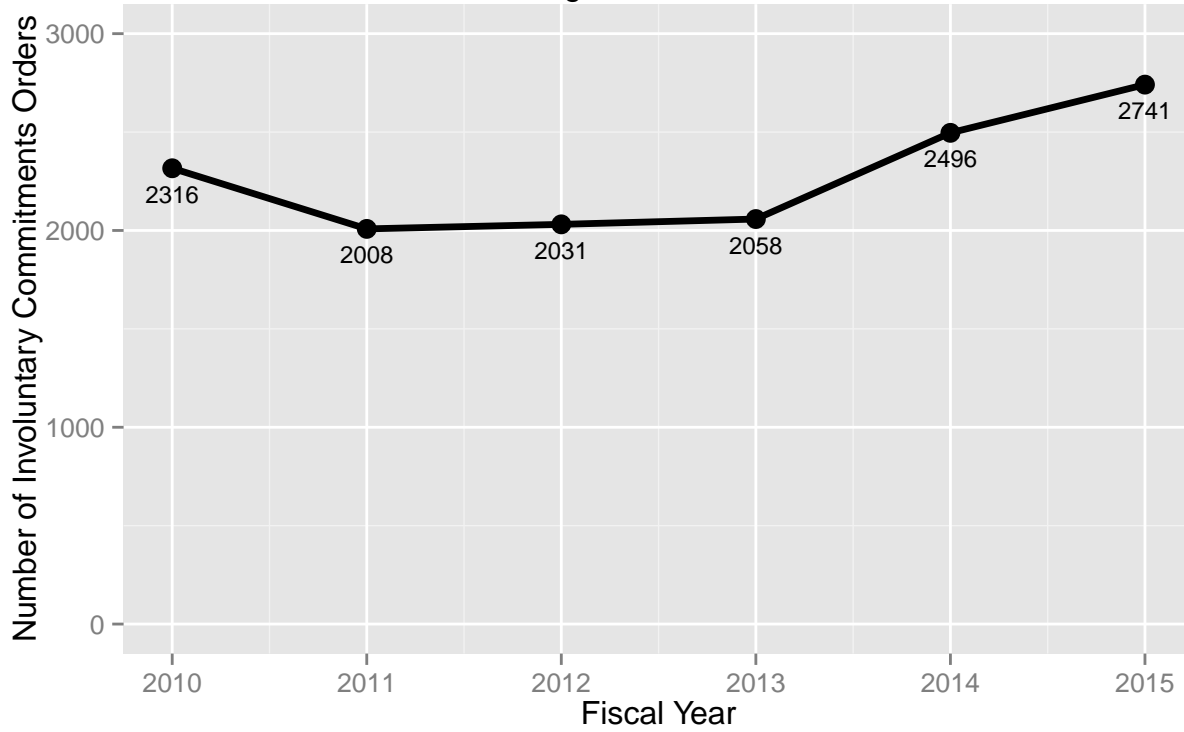


Table 6: Monthly Frequency of Recommitment Hearings for Adults  
by Year, FY09-FY15

Month	2009	2010	2011	2012	2013	2014	2015
Jul	NA	219	221	144	160	205	236
Aug	NA	180	140	179	168	185	256
Sep	NA	179	165	154	167	176	233
Oct	202	263	178	190	153	173	280
Nov	180	145	162	162	164	192	235
Dec	207	195	166	171	155	192	227
Jan	155	198	152	154	196	234	201
Feb	173	185	147	193	197	187	182
Mar	195	201	169	163	170	212	205
Apr	221	191	164	162	169	239	238
May	177	191	175	175	170	239	212
Jun	153	169	169	184	189	262	236
Total	NA	2316	2008	2031	2058	2496	2741

Figure 20: Monthly Frequency of Reccommitment Hearings Involving Adults, FY09–FY15

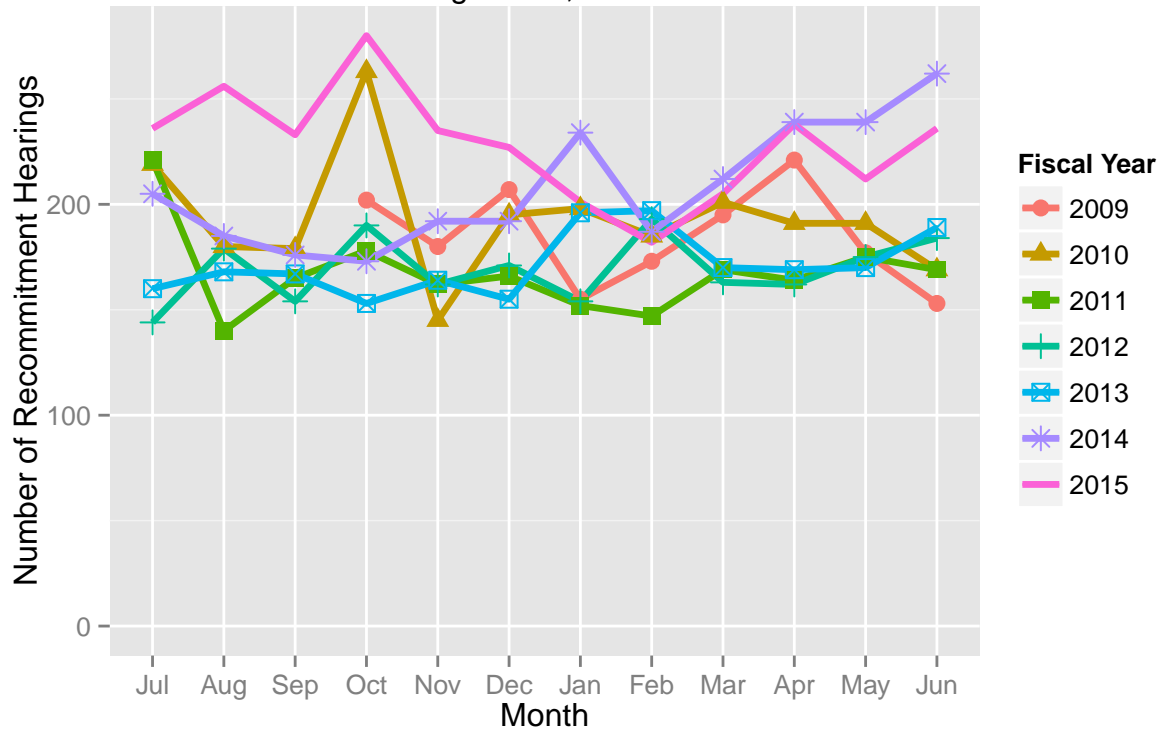
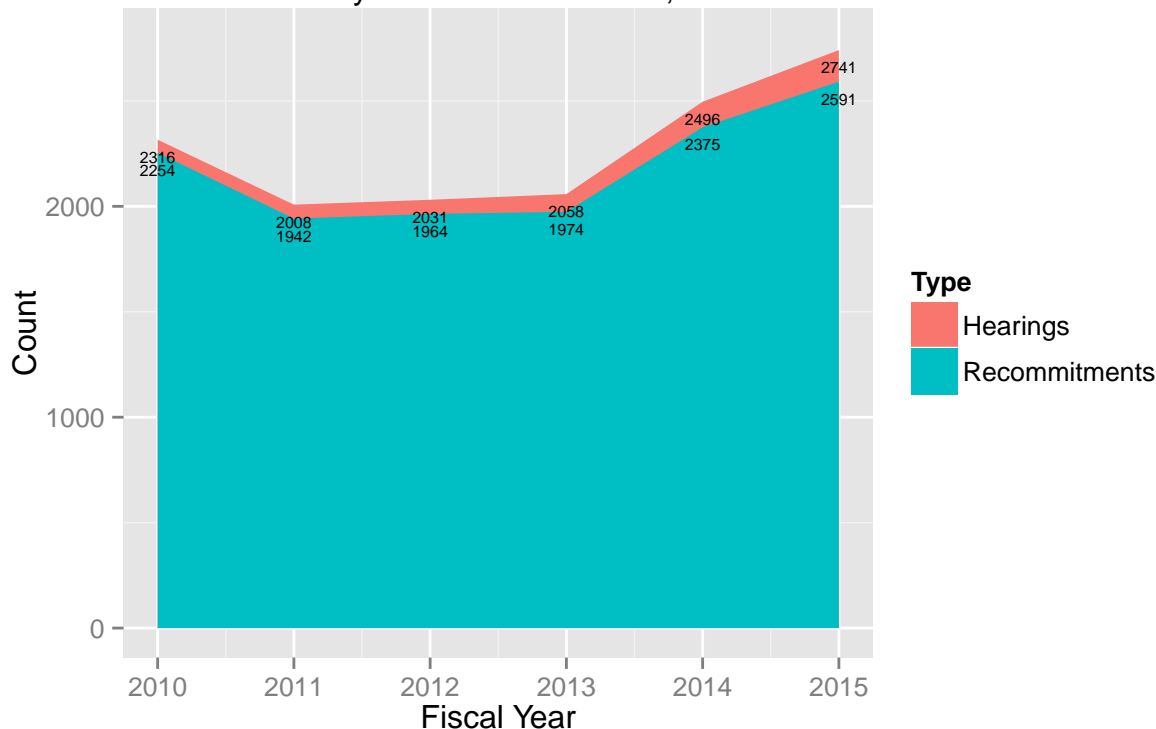


Figure 21: Annual Frequencies of Recommitment Hearings and Involuntary Commitment Orders, FY10–FY15



## Mandatory Outpatient Treatment

There are two main types of mandatory outpatient treatment (MOT) authorized by the Virginia Code. The first type is a “direct” MOT order. This type of order is used for a person who is not under a commitment order at the time of the hearing and the MOT order is issued as a “less restrictive alternative” when the person is found to meet the criteria for involuntary admission at the time of the hearing (Va. Code § 37.2-817(D)). Although these “direct” MOT orders have been authorized since 1976, detailed procedures for implementing MOT were not adopted until 2008.

The second general type of MOT order is called a “step-down” MOT order. This type of procedure, which went into effect in FY 2011, is used to allow a person to “step down” from an inpatient hospitalization order to an order for mandatory outpatient treatment. That means that after a person has been hospitalized for a predetermined period, they can be discharged on the condition that they adhere to mandatory outpatient treatment. A “step-down” MOT order may be initiated either at discharge, or as the result of a new hearing. In this report, these types of orders are referred to as a discharge “step-down” MOT order and a new hearing “step-down” MOT order<sup>5</sup>, respectively.

A discharge “step-down” MOT order is accomplished procedurally by entry of a dual order (at the time of the involuntary commitment hearing) whereby the special justice (i) enters an order for involuntary admission and (ii) simultaneously authorizes the physician in charge of the person’s treatment at the inpatient facility to discharge the individual for monitoring by the responsible CSB under a MOT discharge plan (Va. Code § 37.2-817(C)(1)). The step-down can be accomplished without an additional judicial hearing if the physician

<sup>5</sup>This type of MOT is also called an “MOT on motion.”



concludes that the prescribed criteria have been met. Authority for a physician to enact step-down MOT can be conferred at the time of an initial commitment hearing (in an initial commitment order) or at the time of a recommitment hearing. These types of orders are counted under the “Discharge-Initial” and “Discharge-Recommitment” headings in Tables 7-9 and Figure 24.

In some cases, a new hearing “step-down” MOT is ordered at a hearing not associated with the initial commitment hearing or recommitment hearing. Upon motion of the treating physician, a family member, or the community services board, a hearing can be held at any point prior to the discharge of an individual from involuntary commitment (Va. Code § 37.2-817(C)) or a voluntary admission following a TDO (Va. Code § 37.2-805) to determine whether the individual should be ordered to MOT upon discharge. This type of MOT is counted under the heading “New Hearing” in Tables 7-9 and Figure 24.

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## MOT Types

1. **Direct:** Issued to an individual not currently under a commitment order, at the time of the commitment hearing
2. **Step-Down:** Issued in order to allow an individual to “step down” from an inpatient hospitalization order to an order for MOT
  - **Discharge – Initial:** Issued concurrently with a commitment order at the time of an initial commitment hearing
  - **Discharge – Recommitment:** Issued concurrently with a recommitment order at the time of a recommitment hearing
  - **New Hearing:** Issued at a standalone hearing motioned for by a treating physician, family member, or CSB

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The total number of all types of MOT orders increased by 11.7% from FY 14 to FY15, continuing the steady growth that has occurred since FY11 (Figure 22 and Figure 23). An increase in the number of direct MOT orders accounted for most of this change (Figure 24). The rate of direct MOT orders rose from 0.92% in FY14 to 1.1% in FY15. As reported in the FY 2013-2014 Annual Statistical Report, the increase in MOT orders may be attributable to two MOT implementation workshops that were sponsored and conducted by DBHDS and the Office of the Attorney General in December 2012 and October 2013. Nineteen interested CSBs sent teams comprised of CSB representatives, court officials, parents and others interested in MOT implementation to one of these one-day workshops in Henrico and Roanoke. Participants learned Virginia law governing the use of MOT, reviewed national best practices related to MOT implementation, and studied operational procedures from two CSBs (Valley and Prince William) that had historical success operationalizing MOT orders in their communities. Teams also worked with consultants to develop agency- and community-specific MOT implementation plans. Future analyses will address whether the increase in MOT usage was most prevalent in communities that sent teams to these workshops.

Despite the increase in the number of MOT orders, the rate of direct MOT orders still remains at only 1% of hearing dispositions, indicating that both CSBs and judges may be hesitant to invoke the new MOT procedures. The new “step-down” MOT procedure went into effect in FY11. There were 82 “step-down” MOT orders in FY15 (Table 7); about one-third (35.4%) of these “step-down” MOT orders were issued in Nottoway (Table 8).

Eighteen district courts had more than one MOT case in FY14 and FY15 (Table 9). This is an increase over FY13, during which only eight district courts had more than one MOT case. During FY15, Fairfax County issued the most direct MOT orders and Nottoway issued the most step-down MOT orders. The annual frequency of MOT orders in district courts with the most MOT orders between FY09 and FY15 can

be seen in Figure 25. Note that although the number of MOT orders issued annually in Staunton decreased over time, this is not the result of a change in policy, but appears to be an artifact of when individuals are transferred to their home counties from Western State Hospital (i.e. some MOT orders that would have been previously attributed to Staunton may now be attributed to the locality in which the individual resides).

Table 9 shows the frequencies of MOT orders for all district courts for FY09-FY15.

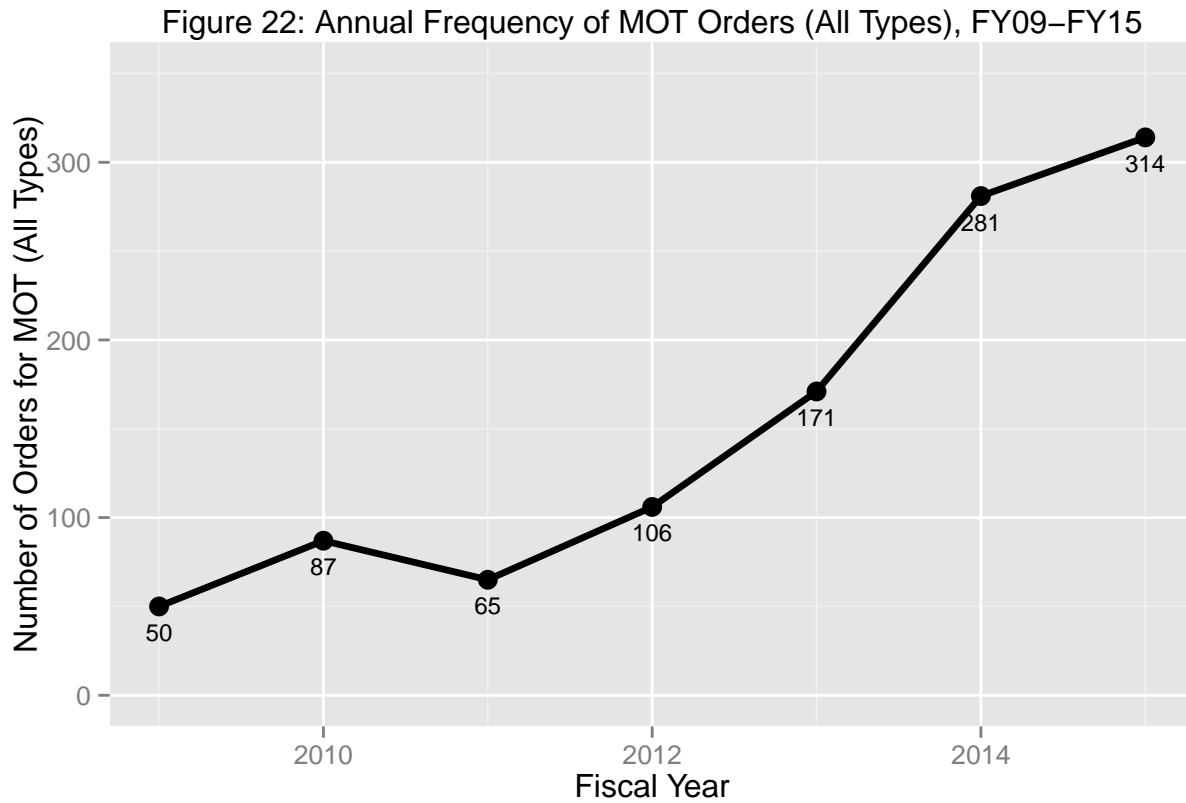


Figure 23: Quarterly MOT Trends (All Types), FY09–FY15

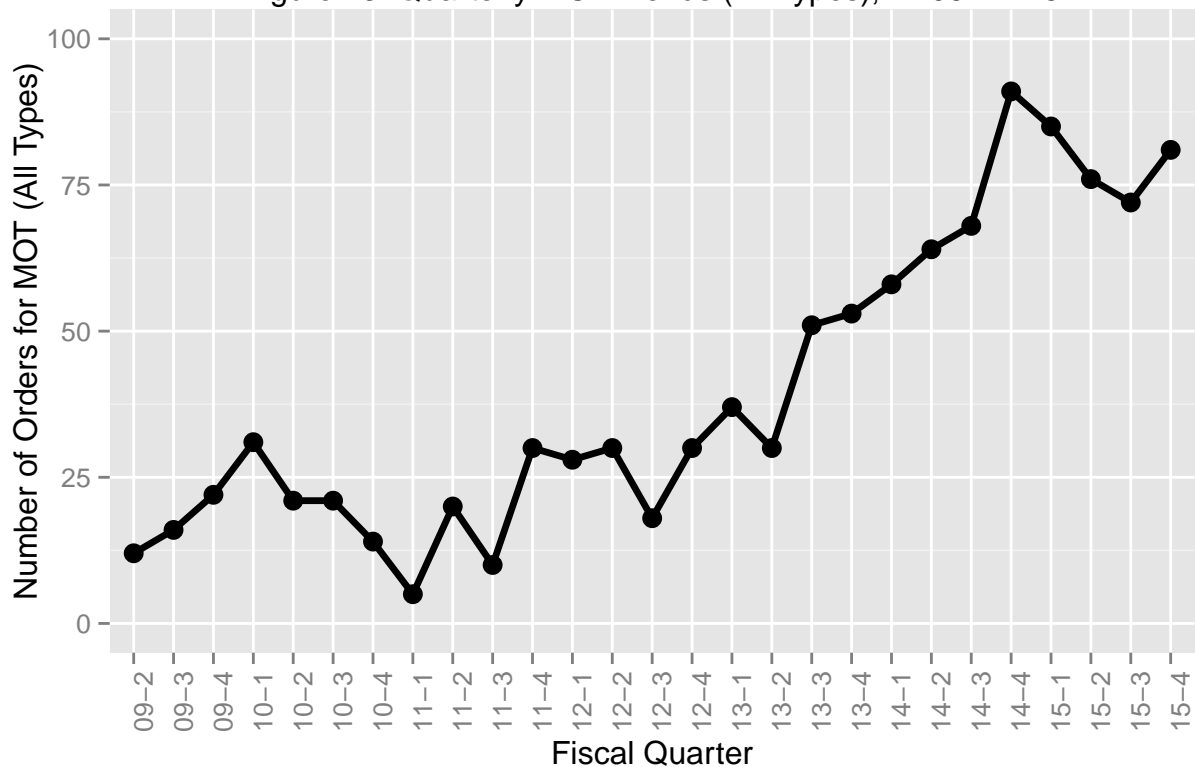


Table 7: Fiscal Year MOT Counts by Type

Fiscal Year	Direct	New Hearing	Discharge Initial	Discharge Recommitment	Total
2009	44	6	0	0	50
2010	86	1	0	0	87
2011	24	5	6	30	65
2012	51	5	6	44	106
2013	102	26	10	33	171
2014	193	33	19	36	281
2015	232	45	30	7	314

Figure 24: Quarterly MOT Trends by Type, FY09–FY15

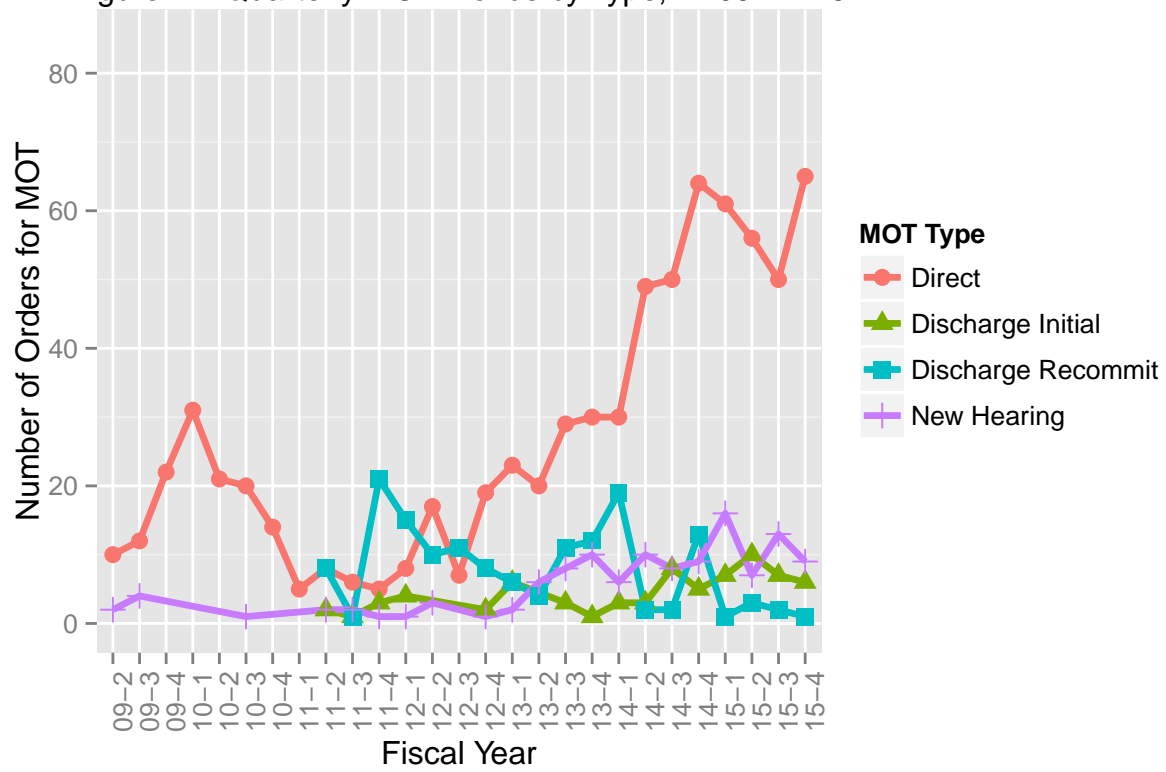


Table 8: Frequencies of MOT Types by Locality, FY15

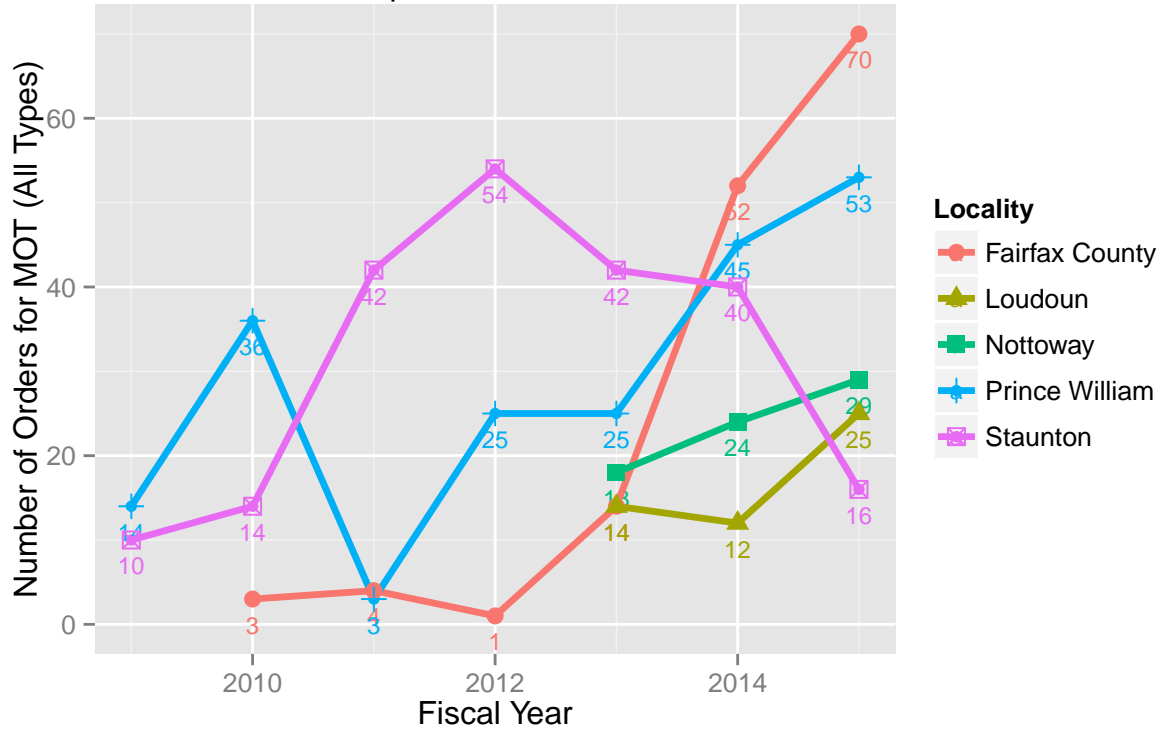
Locality	Direct	New Hearing	Discharge Initial	Discharge Recommitment	Total
Albemarle	2	0	0	0	2
Alexandria	9	0	0	0	9
Amherst	1	0	0	0	1
Arlington	2	0	0	0	2
Campbell	1	0	0	0	1
Charlottesville	3	0	0	0	3
Danville	9	4	2	5	20
Fairfax County	70	0	0	0	70
Fredericksburg	1	0	0	0	1
Hampton	1	0	0	0	1
Henrico	17	0	0	0	17
Loudoun	16	0	9	0	25
Lynchburg	8	0	13	0	21
Montgomery (Christiansburg)	11	0	1	0	12
Nottoway	0	29	0	0	29
Prince William	53	0	0	0	53
Richmond City	2	0	0	0	2
Roanoke County	5	0	0	0	5
Rockbridge/ Lexington	1	0	0	0	1
Rockingham/ Harrisonburg	10	0	5	0	15
Salem	1	0	0	0	1
Shenandoah	1	0	0	0	1
Smyth	3	1	0	0	4
Staunton	3	11	0	2	16
Winchester	2	0	0	0	2
Total	232	45	30	7	314

Table 9: Frequencies of MOT Types by Locality, FY09 - FY15

Locality	Direct	New Hearing	Discharge Initial	Discharge Recommitment	Total
Albemarle	4	1	0	0	5
Alexandria	19	0	0	0	19
Alleghany	1	0	0	0	1
Amherst	2	0	0	0	2
Arlington	3	0	0	0	3
Augusta	12	2	0	0	14
Bedford	1	0	0	0	1
Bristol	1	0	0	0	1
Campbell	3	0	0	0	3
Carroll	1	0	0	0	1
Charlottesville	25	0	0	0	25
Chesapeake	1	0	0	0	1
Chesterfield	1	0	0	0	1
Culpeper	1	0	0	0	1
Danville	30	10	2	8	50
Dickenson	1	0	0	0	1
Fairfax County	144	0	0	0	144
Fauquier	2	0	0	0	2
Fredericksburg	2	0	0	0	2
Galax	0	0	1	0	1
Gloucester	1	0	0	0	1
Hampton	1	0	0	0	1
Henrico	39	0	0	0	39
Lancaster	0	1	0	0	1
Loudoun	38	0	13	0	51
Lynchburg	20	0	30	0	50
Martinsville	1	0	0	0	1
Montgomery	18	0	2	0	20
(Christiansburg)					
Nottoway	0	71	0	0	71
Patrick	2	0	1	0	3
Petersburg	4	0	1	0	5
Prince William	197	0	4	0	201
Richmond City	8	0	0	0	8
Roanoke City	5	0	0	0	5
Roanoke County	20	0	0	0	20
Rockbridge/	1	0	0	0	1
Lexington					
Rockingham/	39	2	6	0	47
Harrisonburg					
Russell	8	0	0	0	8
Salem	8	0	0	0	8
Shenandoah	1	0	1	0	2
Smyth	22	1	0	0	23
Stafford	1	0	0	0	1
Staunton	34	32	10	142	218
Sussex	2	0	0	0	2
Washington	2	1	0	0	3
Williamsburg/ James	1	0	0	0	1
City County					

Locality	Direct	New Hearing	Discharge Initial	Discharge Recommitment	Total
Winchester	4	0	0	0	4
Wythe	1	0	0	0	1
Total	732	121	71	150	1074

Figure 25: Annual Frequency of MOT Orders (All Types)  
in Top FIPS, FY09–FY15

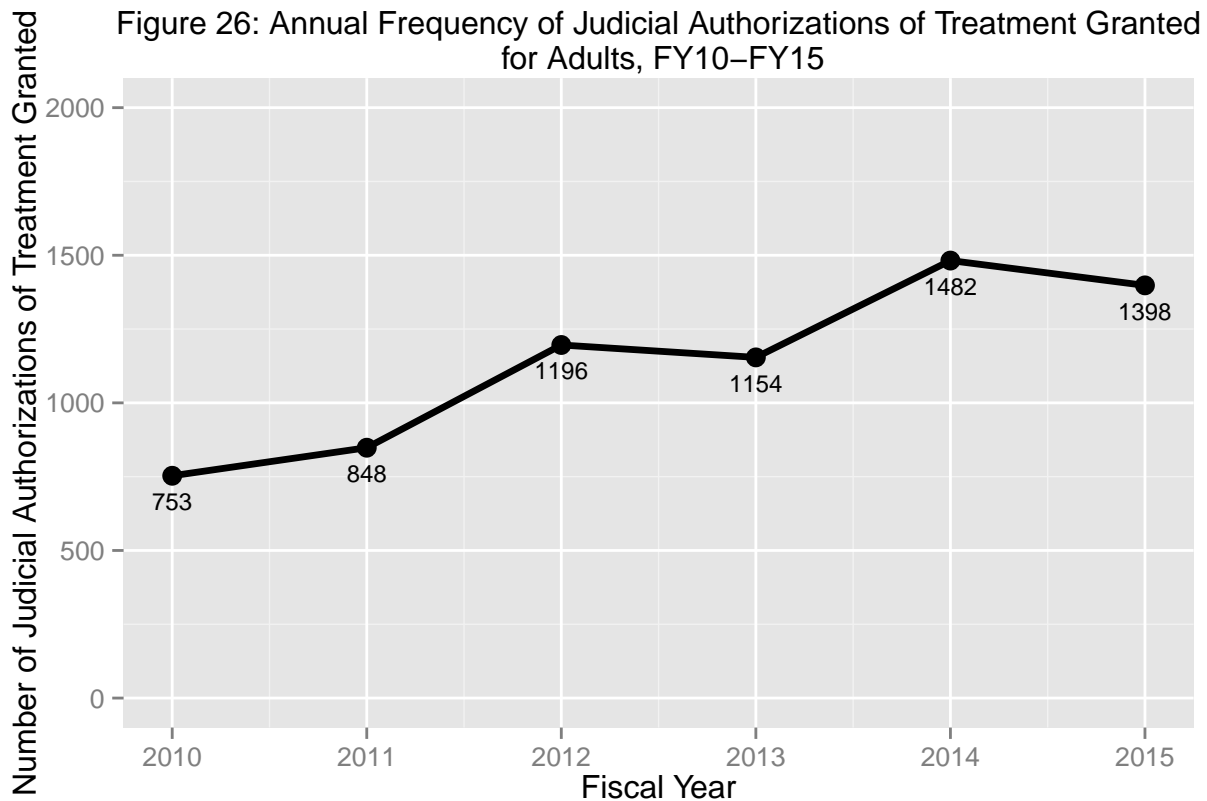


## Judicial Authorizations of Treatment

Court clerks also enter data into the CMS on the number of judicial authorizations of treatment sought and granted each month. The purpose of judicial authorizations of treatments is to authorize treatment of an adult who is either incapable of making an informed decision on his own behalf, or is incapable of communicating decisions about care due to a mental or physical disorder; these authorizations can only be granted if the proposed treatment is also found to be in the best interest of the person (Va. Code § 37.2-1101).

A total of 1,439 judicial authorizations of treatment were sought in FY15 (Figure 25), which was a 5.3% decrease since FY14. The number of judicial authorizations granted also decreased slightly from FY14 to FY15, from 1,482 to 1,398, for a decrease of 5.7%. Note that the number of judicial authorizations of treatment sought and the number of authorizations of treatment granted in FY14 had increased considerably since FY13, with an increase of 27.9% and 28.5%, respectively.

Nearly all (97.2%) judicial authorizations of treatment were granted in FY15. This was approximately the same as the rate of judicial authorizations granted in FY14 (97.5%). Overall, the number of judicial authorizations of treatment that were granted has nearly doubled since FY10 (Figure 26).



## Alternative Transportation Orders

In most cases, the magistrate issuing an ECO or TDO will specify that the law enforcement agency of the jurisdiction in which the person resides or is located to execute the order and provide transportation to the appropriate ECO or TDO facility. In some cases, after issuing an ECO or TDO, the magistrate will issue an alternative transportation order (ATO), allowing an alternative transportation provider, such as a medical transport provider or a family member to provide transportation to the appropriate facility (Va. Code § 37.2-810). Each time an ATO is issued, it is counted by the eMagistrate system, regardless of whether it was successfully executed.

The number of ATOs issued per year has decreased slightly since FY10-FY11 (Table 10 and Figure 27), when ATO legislation first went into effect. Magistrates issued 134 ATOs in FY10 and 108 ATOs in FY15 (Table 10). Few ATOs were issued in order to transport an individual under an ECO with about 91.7% of ATOs issued for an individual under a TDO in FY15 (Table 10). The most common alternative transportation provider was medical transport for FY15 (Table 11).

Table 10: Annual Frequency of ATOs Issued for Adults, by Order Type, FY10-FY15

Type	FY10	FY11	FY12	FY13	FY14	FY15
ECO	7	6	3	4	11	9
TDO	127	136	100	117	102	99
Total	134	142	103	121	113	108



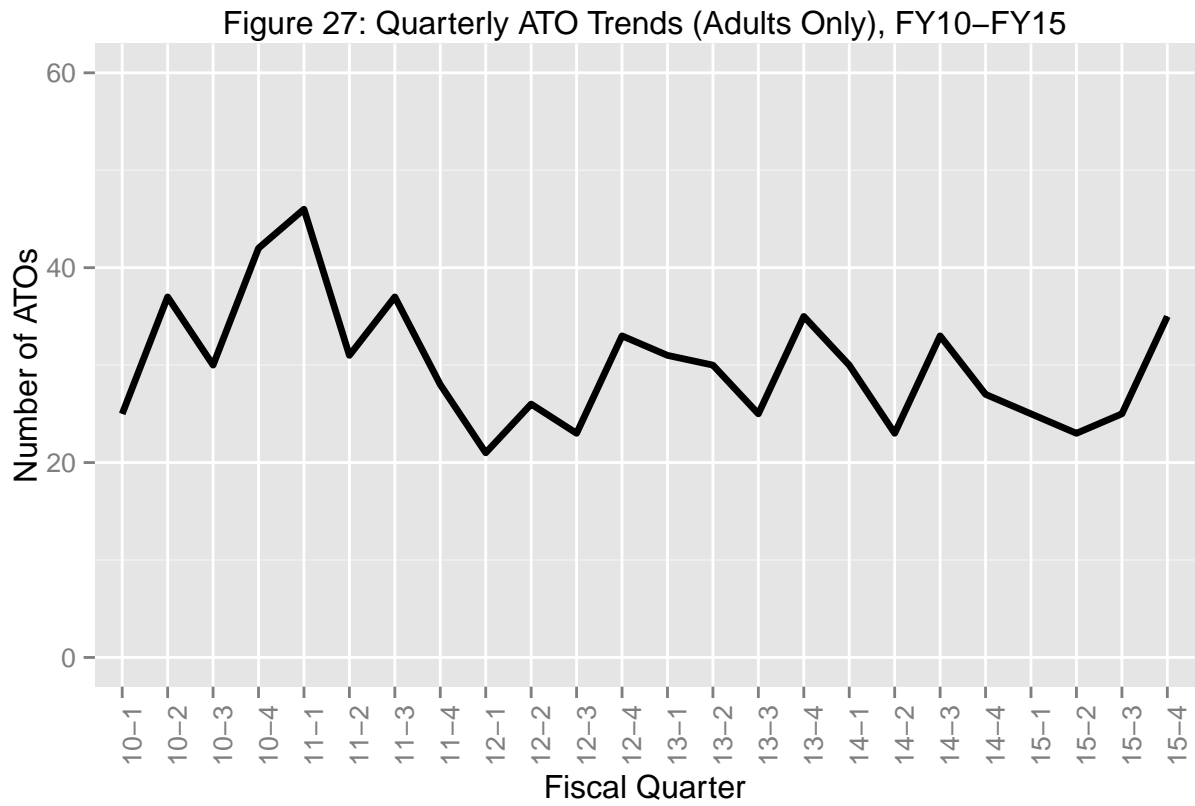


Table 11: Annual Frequency of ATOs Issued for Adults, by Transportation Provider, FY10-FY15

Transportation Provider	FY10	FY11	FY12	FY13	FY14	FY15
Family	68	69	38	28	24	15
Friend	5	5	2	4	7	0
Healthcare Provider	15	9	7	9	7	8
Law Enforcement	9	9	9	8	6	7
Medical Transport	32	40	36	57	40	54
Unknown	5	10	11	15	29	24